Harnett County Environmental Health

				File/Permit Number: _	SFD2408-0007
	IN	1PROVEME			
County: Harnett				Į.	
PIN/Lot Identifier: 0626-44-324	0.000 Lot 6				
Owner: ANDERSEN DAVID D	& ANDERSON PAT	TRICIA M	Applicant: TRIA	NGLE HOME PROS	3
Property Location: 243 HOBBY	RD HOLLY SPRIN	IGS, NC 27540)		
Subdivision (if applicable)			Lot #: 6	Block:	Section:
New 🔳	Expansion			Change of Us	
Facility Type: SFD 72' x 65'					
Number of bedrooms: 3 Number	ımber of Occupants: 6	Other:			
Design Wastewater Strength: 🔳 [Domestic	High Strength	n 🔲 Indu	strial Process Wastewate	er
Proposed Design Daily Flow: 360	GPD	Proposed LTAR (Initial): <u>.35</u>	Proposed LTAR (Repair)	: .3
Proposed Wastewater System Typ	e*: 25% Reduction	System	(Initial) Pump	Required: Yes N	o May be required
Proposed Wastewater System Typ	e*: 25% Reduction	System	(Repair) Pump	Required: 🗌 Yes 🔳 No	May be required
*Please include system classification	on for proposed wastew	ater system types	in accordance with R	Rule .1301 Table XXXII	
Effluent Standard: DSE	HSE NSF/ANSI 40	TS-I T	S-II RCW		
Saprolite System (Initial): Yes	■ No Saprolite	System (Repair):	Yes No		
Fill System (Initial): Yes No	If yes, specify: New	w Existing (w	hen adding more tha	an 6 inches of fill to system	m area provide a fill plan)
Fill System (Repair): Yes 🔳 N	o If yes, specify: Ne	ew Existing (when adding more th	an 6 inches of fill to syste	em area provide a fill plan)
Usable Depth to LC (Initial)x: 34"		Usable Depth to	LC (Repair)x: 30"	× Limiting C	Condition
Usable Depth to LC (Initial)*: 34" Max. Trench Depth (Initial)*: 18"-	20" Max. Tre	ench Depth (Repai	r)‡: <u>18"</u>	* Measured on the do	wnhill side of the trench
Artificial Drainage Required:	es No If yes, pleas	e specify details: _	Curtain Drain to be	installed if and When	Septic repair is Needed
Type of Water Supply: Private	well Public well	Shared well	Municipal Suppl	y Spring Oth	ner:
Drainfield location meets requiren	nents of Rule .0508: Yes	s No D	rainfield location me	ets requirements of Rule	.0601: Yes No 🗌
Permit valid for: Five years [site	e plan submitted pursua	ant to GS 130A-33	4(13a)] \[\] No expir	ation [plat submitted pur	suant to GS 130A-334(7a)]
Permit conditions:		THE RESERVE OF THE PARTY OF THE			
No Foundation or Gutter I					
No Cutting or Grading of S Must Hard Pipe Supply Iir				on or Dauble Walled	Compared Pine
- wiust Hard Pipe Supply III	e to Septic Talik ur	idei Diive way	Josniy Ductile III	on or bouble walled	Corrugated ripe.
	Ren Levocz			For the Alice Co	nte: 10-11-24
Authorized Agent's Printed Name:	TOTI LEVOCZ			Expiration Da	ite: IV 11 J

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

Date: 10-11-24

Authorized Agent's Signature: _

Harnett County Environmental Health

	File/Permit Number: SFD2408-0007				
	CONSTRUCTION AUTHORIZATION				
County: Harnett	PIN/Lot Identifier: 0626-44-3240.000 Lot 6				
Owner: ANDERSEN DAVID D	& ANDERSON PATRICIA M Applicant: TRIANGLE HOME PROS				
Property Location: 243 HOBBY	RD HOLLY SPRINGS, NC 27540				
Facility Type: SFD 72' x 65'					
	nber of Occupants: 6 Other:				
New Expansion					
	■ No Basement Fixtures?				
Crawl Space? Yes	No Slab Foundation? ☐ Yes ■ No				
Type of Wastewater System* 25%	% Reduction System (Initial) 25% Reduction System (Repair)				
*Please include system classification	for proposed wastewater system types in accordance with Rule .1301 Table XXXII				
Design Daily Flow: 360	GPD Wastewater Strength: Domestic High Strength Industrial Process Wastewater				
Rule .0403(e) Engineering Design Ut (if yes, please provide engineering a	tilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? Yes No locumentation)				
Effluent Standard: DSE .	ISE NSF/ANSI 40 TS-I TS-II RCW				
Type of Water Supply: Private w	ell Public well Shared well Municipal Supply Spring Other:				
Installation Requirements/Condition	ons .				
Septic Tank Size: 1,000 gallor	ns Total Trench/Bed Length: 280' feet Trench/Bed Spacing: 9' feet on center				
Trench/Bed Width: 36" inche	s LTAR: .35 gpd/ft ² Usable Depth to LC (Initial) ^x : 34" *Limiting condition				
Soil Cover: 6" inches Slope	Corrected Maximum Trench/Bed Depth [‡] : 18"-20" inches * Measured on the downhill side of the trench				
Pump Tank Size (if applicable):	gallons Requires more than one pump? Yes No				
	H vs GPM Grease Trap Size (if applicable): gallons				
Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other: 4 - 70' Lines					
Artificial Drainage Required: Yes No If yes, please specify details: Curtain Drain to be installed if and When Septic repair is Needed					
Legal Agreements (If the answer is	"Yes" to any type of legal agreements, please attach a copy of the agreement.)				
Multi-party Agreement Required [R	ule .0204(g)]:				
Easement, Right-of-Way, or Encroa	chment Agreement Required [Rule .0204(d)]: Yes No				
Declaration of Restrictive Covenant	s: Yes No Pre-Construction Conference Required: Yes No				
	es No Minimum O&M Requirements:				
	Gutter Drains to be Directed Towards Septic System.				
	il in Septic or Septic Repair Area. o Septic Tank under Drive Way Using Ductile Iron or Double Walled Corrugated Pipe.				
with the attached site sketch. <u>This</u> Construction Authorization shall no	are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance <u>Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</u> The ot be affected by a change in ownership of the site. This Construction Authorization is subject to compliance BE, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.				
Authorized Agent's Printed Name:	la u ad				
Authorized Agent's Signature:					
Authorized Agent's Signature:	pour petit				

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

0626-44-3240.000

Permit Number SFD2408-0007

Triangle Homes Pros

Applicant's Name

Authorized State Agent

Lot 6

Subdivision/Section/Lot Number

10-11-24

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = NTS

